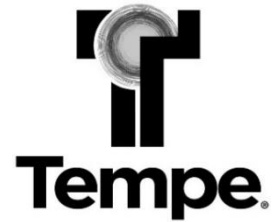


SUPPLEMENT PERMIT APPLICATION FOR ADULT GROUP CARE HOME



This supplement is used in conjunction with our standard Project Application to properly classify the proposed facility and secure clearances prior to issuance of a building permit. Please provide the following information:

1. Name of Operator _____
2. Address of Adult Group Care Home _____
3. Contact Person for Site Inspection _____
4. Telephone Number _____ 5. No. Clients or Residents* _____
6. Number of Resident Staff (those staff which also reside at this address) _____

Signature of Owner or Authorized Agent

Date

(for official use only)

The Community Development Department has received an application for an adult group care home at the address shown above. The Fire Marshal and the Manager of Planning and Zoning or their assigned representative must sign, date and return this form to the Building Safety Division to clear the Building Permit for issuance.

☐ **Building Safety - Inspection** (Site Inspection Requested)

☐ **Office of the Fire Marshal**

Signature of Fire Marshal or Authorized Individual

Date

☐ **Planning and Zoning**

Signature of Director or Authorized Individual

Date

INSTRUCTIONS: 1. This form must be completed at the time of application for Building Permit.

(See Office Procedure Directive #58 for Login/Plan Check Procedures)

- *2. A copy of this form will be forwarded to the Building Safety Inspection Manager if the number of clients or residents is five (5) or less. Do not forward a copy of this form if the number of clients or residents is greater than five (5).
3. In all cases a copy of this form will be forwarded to the Fire Marshal and Planning Manager. Permits will not be issued until unconditional clearances have been received.

DS No. _____